

Aetna Global Benefits Traditional Choice[®] Indemnity Medical Plan

Summary of Benefits
Effective January 1, 2009

| Plan Provisions | Traditional Choice Indemnity Benefits Plan Benefits * |
|---|--|
| Calendar Year Deductible <ul style="list-style-type: none">★ Individual★ Family of 2★ Family of 3 or more | \$200 \$400 (2 times individual) \$600 (3 times individual) |
| Out-of-Pocket Limit (the maximum amount you pay for your share of covered expenses in a calendar year. Pharmacy copays, expenses covered at 50% and non-covered expenses do not count toward your Out-of-Pocket Limit) <ul style="list-style-type: none">★ Individual★ Family of 2★ Family of 3 or more | \$3,000 \$6,000 (2 times individual) \$9,000 (3 times individual) |
| Lifetime Maximum | Unlimited |
| Hospital Precertification Please see your Summary Plan Description (SPD) for details. | You must precertify any scheduled hospital stay. \$500 penalty for failure to precertify (penalty waived if you are overseas) |
| Preventive Care <ul style="list-style-type: none">★ Routine physical exam and immunizations (one per calendar year)★ Well-child care and immunizations Birth to age 7. Please see your SPD for age and frequency schedule.★ Routine gynecological exam including Pap test and related lab fees (one per calendar year)★ Routine Mammogram (one per calendar year for women age 35 and over)★ Prostate screening exam (one per calendar year for men age 40 and over)★ Routine eye exam (one per calendar year)★ Prescription eyewear – lenses, frames and contacts You are also eligible to use Aetna VisionSM Discounts★ Routine hearing exam (one per calendar year) You are also eligible to use the HearPO[®] Hearing Discount Program★ Hearing aids (\$1,000 lifetime maximum) You are also eligible to use the HearPO[®] Hearing Discount Program | 100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible 100% up to a \$150 maximum benefit per person per calendar year 100%, no deductible 100%, no deductible |
| Physician Services <ul style="list-style-type: none">★ Office visits for treatment of illness or injury★ Diagnostic lab and X-ray★ Maternity care office visits★ In-office surgery★ Physician hospital visits★ Anesthesia★ Allergy testing, serum and injections★ Specialists (office visits)★ Second surgical opinion | 80% after deductible 80% after deductible 80% after deductible 100% of first \$1,000, no deductible; then 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 100%, no deductible |
| Hospital Services <ul style="list-style-type: none">★ Inpatient hospital room and board and ancillary services★ Inpatient and outpatient surgery★ Outpatient services★ Pre-operative testing★ Other hospital services | 80% after deductible 80% after deductible 80% after deductible 80%, no deductible 80% after deductible |
| Emergency Care <ul style="list-style-type: none">★ Hospital emergency room★ Hospital emergency room for non-emergency care★ Ambulance | 80% after deductible 50% after deductible 80% after deductible |

* Coverage is subject to the reasonable and customary charge, which is the prevailing rate for that service provided in that region of the United States. This provision does not apply for services provided overseas.

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Summary of Benefits (continued)
Effective January 1, 2009

| Plan Provisions | Traditional Choice Indemnity Benefits | |
|---|---|-------------------------------------|
| | Plan Benefits * | |
| Other Health Care | | |
| ★ Convalescent facility (up to 90 days per calendar year) | 80% after deductible | |
| ★ Home health care (up to 90 visits per calendar year) | 80% after deductible | |
| ★ Private duty nursing (up to 70 eight-hour shifts per calendar year) | 80% after deductible | |
| ★ Hospice (inpatient and outpatient) | 100%, no deductible | |
| ★ Independent lab and X-ray facilities | 80% after deductible | |
| ★ Voluntary sterilization | 80% after deductible | |
| ★ Short-term rehabilitation (60-day maximum per course of treatment) | 80% after deductible | |
| ★ Durable medical equipment | 80% after deductible | |
| ★ Spinal disorder (chiropractic) (20 visits per calendar year) | 80% after deductible | |
| ★ Bariatric surgery | 50% after deductible | |
| Mental Health Care** | | |
| ★ Inpatient | 80% after deductible; up to 60 days per calendar year; 60% thereafter | |
| ★ Outpatient (up to 45 visits per calendar year) | 80% after deductible | |
| ** <i>Outpatient day maximums for mental health and substance abuse are not combined.</i> | | |
| Substance Abuse Treatment** | | |
| ★ Inpatient (up to 45 days per calendar year) | 80% after deductible | |
| ★ Outpatient (up to 45 visits per calendar year) | 80% after deductible | |
| ** <i>Outpatient day maximums for mental health and substance abuse are not combined.</i> | | |
| Prescription Drug Benefits** | | |
| Participating Retail Pharmacy Program (Up to a 12-month supply purchased at a participating U.S. pharmacy. Separate copays apply to each 30-day supply.) | Participating Pharmacies | Non-Participating Pharmacies |
| ★ Generic drugs | 100% after \$10 copay | Not covered |
| ★ Formulary brand-name drugs | 100% after \$20 copay | Not covered |
| ★ Non-formulary brand-name drugs | 100% after 35% copay – the minimum you pay per prescription is \$35; the maximum is \$100. | Not covered |
| Prescriptions Purchased Overseas | | |
| ★ Generic drugs | Not applicable | 100% after deductible |
| ★ Brand-name drugs | Not applicable | 80% after deductible |
| Mail-Order Service (up to a 90-day supply) | | |
| ★ Generic drugs | 100% after \$20 copay | |
| ★ Formulary brand-name drugs | 100% after \$40 copay | |
| ★ Non-formulary brand-name drugs | 100% after 35% copay – the minimum you pay per prescription is \$70; the maximum is \$200. | |

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** Pharmacy copays do not count toward your Out-of-Pocket Limit.

This chart displays only a general description of your benefits under the DoD NAF HBP. Should there be a conflict between the benefits shown on the chart and those in the Aetna Global Benefits Summary Plan Description (SPD), the terms of the SPD will be used to determine coverages and benefits.

